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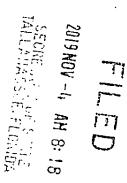
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	e limited liability company as it appears on the records of the Florida Department
of State is:	SOYA SUSHIBAR OF FLORIDA, LL
2. The Florida doc L1600010931	cument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 10/30/19
, Garbis Hovs	sepian PAS 28
4. I,	Name of Person Resigning), hereby withdraw/resign as a
	hereby withdraw/resign as a Name of Person Resigning), hereby withdraw/resign as a Name of Person Resigning)
	(Print Title)
of this limited lia resignation in wi	ability company and affirm the limited liability company has been notified of my
Signature of D	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)